

**CROSS-REFERENCE SLIP TO THE AREA (for additional cross references)**

| POSITION            | INITIALS | ID NO. | DATE     |
|---------------------|----------|--------|----------|
| FEE DETERMINATION   | Hqile    | JC 19  | 03-12-01 |
| O.I.P.E. CLASSIFIER |          | 48     | 4/6/01   |
| FORMALITY REVIEW    | H.T      | 913    | 04/18/01 |

## INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral) Canceled  
÷ ..... Restricted

|   |       |              |
|---|-------|--------------|
| N | ..... | Non-elected  |
| I | ..... | Interference |
| A | ..... | Appeal       |
| O | ..... | Objected     |

| Claim          | Date |  |
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| Final Original |      |  |
| 1              | ✓    |  |
| 2              | ✓    |  |
| 3              | ✓    |  |
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| 5              | ✓    |  |
| 6              | ✓    |  |
| 7              | ✓    |  |
| 8              | ✓    |  |
| 9              | ✓    |  |
| 10             | ✓    |  |
| 11             | ✓    |  |
| 12             | ✓    |  |
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| Claim |          | Date |  |  |  |  |  |
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| Claim |          | Date |  |  |  |  |  |  |
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**BEST AVAILABLE COPY**

**If more than 150 claims or 10 actions  
staple additional sheet here -**

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10/16/10  
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